



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037400001

CITY OR TOWN EGREMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUSAN BIANCHI SMITH

DOING BUSINESS A JOHN ANDREWS

ADDRESS 244 HILLSDALE ROAD, P.O.BOS 296

CITY/TOWN: EGREMONT

STATE: MA

ZIP CODE: 01258

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR INCLUDING KITCHEN, DINING AREA AND ROOM FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037400002

CITY OR TOWN EGREMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSTON CULINARY GROUP, INC.

DOING BUSINESS A FALL LINE LOUNGE

ADDRESS CATAMOUNT RD.

CITY/TOWN: EGREMONT

STATE: MA

ZIP CODE: 01258

MANAGER: NARDIN, KELLY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CATAMOUNT BASE LODGE, CONSISTING OF FIRST FLOOR DINING ROOM AND BAR AND ROOM FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037400005

CITY OR TOWN EGREMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALPER RESTAURANT INC.

DOING BUSINESS AS SWISS HUTTE

ADDRESS OLD RTE. 23

CITY/TOWN: EGREMONT

STATE: MA

ZIP CODE: 01258

MANAGER: ALPER, CYNTHIA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF A PATIO OUT OF DOORS, BORDERING NEW YORK AND MASSACHUSETTS
STATE LINES. PORTION OF THE DINING ROOM IN MASS, STORAGE SPACE IN KITCHEN

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037400007

CITY OR TOWN EGREMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GLENCROSS INC.

DOING BUSINESS AS THE OLD MILL

ADDRESS RTE. 23.

CITY/TOWN: EGREMONT

STATE: MA

ZIP CODE: 01258

MANAGER: MOORE,
TERRENCE A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF TWO FLOORS OF A THREE STORY BUILDING WITH A DECK

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037400008

CITY OR TOWN EGREMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EGREMONT INN,LLC

DOING BUSINESS AS THE EGREMONT INN

ADDRESS OLD SHEFFIELD RD.

CITY/TOWN: EGREMONT

STATE: MA

ZIP CODE: 01258

MANAGER: MORALES-
JOHNSON, MARIE

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS, FIRST FLOOR- SIX ROOMS AND PORCHES, SECOND FLOOR- ELEVEN ROOMS, AND THIRD FLOOR- FIFTEEN ROOMS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037400011

CITY OR TOWN EGREMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAVOLLE LTD, INC

DOING BUSINESS AS SO EGREMONT SPIRIT SHOPPE

ADDRESS ROUTE 23

CITY/TOWN: EGREMONT

STATE: MA

ZIP CODE: 01258

MANAGER: VOLLMER, DEVIN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
P

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF THREE QUARTERS OF MAIN FLOOR, WESTERLY AND EASTERLY SIDES
THEREOF, AND CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037400015

CITY OR TOWN EGREMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTH EGREMONT COUNTRY STORE INC.

DOING BUSINESS AS

ADDRESS 223 EGREMONT PLAIN ROAD

CITY/TOWN: EGREMONT

STATE: MA

ZIP CODE: 01252

MANAGER: PASTIER, DIANA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
E.

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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